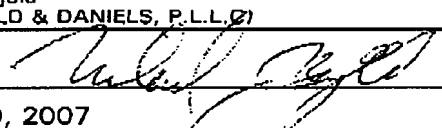
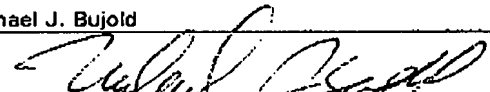
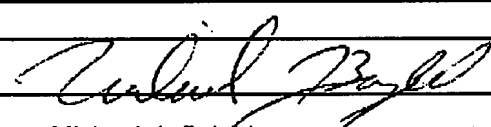
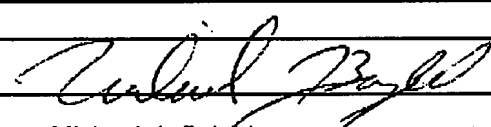
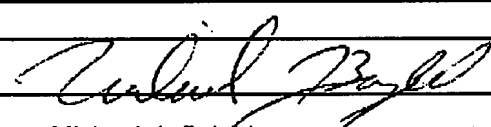


<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/527,479
	Filing Date	with an effective filing date of September 8, 2003
	First Named Inventor	Hermann NEIDLEIN and Siegfried SCHMIDT
	Group Art Unit	2891
	Examiner Name	Gary F. Paumen Fax: (571) 273-8300
Total No. of Pages in this Submission: 5	Attorney Docket Number	LORWER P35AUS
ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee attached - Check \$ <input checked="" type="checkbox"/> Amendment/Response (2) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i>
REMARKS		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual Name	Michael J. Bujold DAVIS BUJOLD & DANIELS, P.L.L.C.	
Signature		
Date	October 30, 2007	
CERTIFICATE OF TRANSMISSION		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO on October 30, 2007.		
Type or printed name	Michael J. Bujold	
Signature	 Date: October 30, 2007 (tac)	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<p><i>Effective on 12/08/2004.</i>  <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <p><b>FEE TRANSMITTAL</b>  <b>For FY 2006</b></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;">           Application No.            Filing Date            First Named Inventor            Examiner Name            Art Unit         </td> <td style="width: 50%; vertical-align: top;">           10/527,479            with an effective filing date of            September 8, 2003            Hermann NEIDLEIN and            Siegfried SCHMIDT            Gary F. Paumen            2891         </td> </tr> <tr> <td style="vertical-align: top;">           Attorney Docket No.         </td> <td style="vertical-align: top;">           LORWER P35AUS         </td> </tr> </table>		Application No. Filing Date First Named Inventor Examiner Name Art Unit	10/527,479 with an effective filing date of September 8, 2003 Hermann NEIDLEIN and Siegfried SCHMIDT Gary F. Paumen 2891	Attorney Docket No.	LORWER P35AUS																																																		
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<p><b>TOTAL AMOUNT OF PAYMENT: \$ 65.00 (Charge to Deposit Account)</b></p> <p><b>METHOD OF PAYMENT</b> (check all that apply)</p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____</p> <p><input checked="" type="checkbox"/> Deposit Account      Deposit Account Number <u>04-0213</u>      Deposit Account Name: <u>DAVIS BUJOLD &amp; DANIELS, P.L.L.C.</u></p> <p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p><input checked="" type="checkbox"/> Charge fee(s) indicated below      <input type="checkbox"/> Charge fee(s) indicated below except for the filing fee</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s)      <input type="checkbox"/> Credit any overpayments            under 37 CFR 1.16 and 1.17</p> <p><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.</p>		<p><b>RECEIVED</b>  <b>CENTRAL FAX CENTER</b>  <b>OCT 30 2007</b></p>																																																							
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<p>3. <b>APPLICATION SIZE FEE</b>          If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p> <p> <u>Total Sheets</u> -100 = <u>Extra Sheets</u> / 50 = <u>No. of each additional 50 or fraction thereof</u> x <u>Fee (\$)</u> = <u>Fee Paid (\$)</u>          (round up to a whole number)     </p>																																																									
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